

Fill in this information to identify the case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name LABORATORIO CLINICO LAS ARENAS, INC.
2. All other names debtor used in the last 8 years
- Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 6 6 - 0 7 7 0 1 6 1
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business |
|--|---|
| <u>CARR 101 KM 16.3</u> Number Street | <u>609 AVE. TITO CASTRO</u> Number Street |
| <u>SECTOR LAS ARENAS</u> | <u>SUITE 102 PMB 347</u> P.O. Box |
| <u>BO BOQUERON</u> | |
| <u>CABO ROJO</u> <u>PR</u> <u>00623</u> City State ZIP Code | <u>PONCE</u> <u>PR</u> <u>00716-0200</u> City State ZIP Code |
| <u>CABO ROJO</u> County | Location of principal assets, if different from principal place of business |
| | <u>Number Street</u> |
| | <u>City State ZIP Code</u> |
5. Debtor's website (URL) _____
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.**

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

1 5 1 1

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11.

Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____

- 14. Estimated number of creditors**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 15. Estimated assets**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 16. Estimated liabilities**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - ☒ I have been authorized to file this petition on behalf of the debtor.
 - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **05/26/2017**
MM / DD / YYYY

X /s/ JASON D. NASH **JASON D. NASH**
Signature of authorized representative of debtor Printed name
Title **PRESIDENT**

- 18. Signature of attorney** **X /s/ MARIA MERCEDES FIGUEROA Y MORGADE** Date **05/26/2017**
Signature of attorney for debtor MM / DD / YYYY

MARIA MERCEDES FIGUEROA Y MORGADE
Printed name

MARIA MERCEDES FIGUEROA Y MORGADE
Firm name

3415 ALEJANDRINO AVE.
Number Street
APT. 703

GUAYNABO **PR** **00969**
City State ZIP Code

(787) 234-3981 **figueroaymorgadelaw@yahoo.com**
Contact phone Email address

207108 **PR**
Bar number State

Fill in this information to identify the case

Debtor name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Checking account

Checking account

7 2 6 2

\$47.74

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$47.74

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

**7.1. PREPA DEPOSIT
ACCT #6281**

\$1,300.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$1,300.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$0.00 — \$0.00 = → \$0.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$200,000.00 — \$180,000.00 = → \$20,000.00
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$20,000.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

| General description | Date of the last physical inventory MM/DD/YYYY | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|--|---|------------------------------------|
| 19. Raw materials | | | | |
| 20. Work in progress | | | | |
| 21. Finished goods, including goods held for resale | | | | |
| 22. Other inventory or supplies | | | | |
| 23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84. | | | | \$0.00 |
| 24. Is any of the property listed in Part 5 perishable? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |
| 25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | | |
| 26. Has any of the property listed in Part 5 been appraised by a professional within the last year? | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes | | | | |

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops--either planted or harvested | | | |
| 29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish | | | |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | | | |
| 31. Farm and fishing supplies, chemicals, and feed | | | |
| 32. Other farming and fishing-related property not already listed in Part 6 | | | |
| 33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85. | | | \$0.00 |
| 34. Is the debtor a member of an agricultural cooperative? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | |
| 36. Is a depreciation schedule available for any of the property listed in Part 6? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 37. Has any of the property listed in Part 6 been appraised by a professional within the last year? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|----------------------|--|---|------------------------------------|
| 39. Office furniture | | | |
| SEE ITEMIZED LIST | | EMV | \$8,215.00 |

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$8,215.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 49. Aircraft and accessories | | | |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) | | | |
| LABORATORY EQUIPMENT SEE LIST | | EMV | \$7,663.00 |

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$7,663.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|---------------------------------------|
|--|--|---|---|---------------------------------------|

55.1. **CARR 101 KM 16.3
SECTOR LAS ARENAS
BO. BOQUERON
CABO ROJO PR
COMMERCIAL LEASE
LANDLORD: HECTOR HERNANDEZ**

LEASE

\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|---|--|---------------------------------------|
|---------------------|---|--|---------------------------------------|

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

| | | |
|-------------------|----------------------|---------------------|
| TAX REFUND | Tax year 2015 | \$126,043.00 |
| TAX REFUND | Tax year 2016 | \$44,373.00 |

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

AGAINST LIZAIDA HERNANDEZ FOR FALSE REPRESENTATIONS DURING DUE DILIGENCE PHASE. **Unknown**

Nature of claim **COLLECTION**

Amount requested _____

ACTION UNDER SHERMAN ANTI-TRUST ACT **Unknown**

Nature of claim _____

Amount requested _____

AGAINST LIZAIDA HERNANDEZ FOR DEPOSITING PAYMENTS ISSUED IN DEBTOR'S NAME IN A BANK ACCOUNT THAT DOES NOT BELONG TO THE DEBTOR. **Unknown**

Nature of claim **COLLECTION**

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

MONEY CONSIGNED IN MAYAGUEZ SUPERIOR COURT **\$88,154.22**

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$258,570.22

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | <u>\$47.74</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$1,300.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$20,000.00</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$0.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$8,215.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$7,663.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....</i> → | | <u>\$0.00</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$0.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | <u>+\$258,570.22</u> | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | <u>\$295,795.96</u> | 91b. <u>\$0.00</u> |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92..... | <u>\$295,795.96</u> | |

Fill in this information to identify the case:

Debtor name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

- 2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

- 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$0.00

Fill in this information to identify the case:

Debtor LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

MUNICIPALITY OF CABO ROJO

PO BOX 1308

CABO ROJO PR 00623

Date or dates debt was incurred

2016

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)

As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

MUNICIPAL TAXES

Is the claim subject to offset?

- ☒ No
☐ Yes

\$9,135.71

\$9,135.71

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.**

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| | | |
|---|--|-----------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>GENEID</u> <u>535 E CRESCENT AVE.</u> <u>SUITE 100</u> <u>RAMSEY</u> <u>NJ</u> <u>07446</u> Date or dates debt was incurred <u>2015-JAN 2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MOLECULAR DIAGNOSTICS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,248,000.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>HECTOR HERNANDEZ TORRES</u> <u>PO BOX 518</u> <u>BOQUERON</u> <u>PR</u> <u>00622</u> Date or dates debt was incurred <u>12/2016 TO 01-05/2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COMMERCIAL LANDLORD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,250.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>JULIAN RIVERA ESPINALL, ESQ.</u> <u>1647 ADAMS STREET</u> <u>SUMMIT HILLS</u> <u>SAN JUAN</u> <u>PR</u> <u>00920-4510</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEGAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,500.00</u> |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <u>KETER INVESTMENT LLC</u> <u>400-A LAKE STREET</u> <u>RAMSEY</u> <u>NJ</u> <u>07446</u> Date or dates debt was incurred <u>APRIL 2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PAYMENT OF BANKRUPTCY ATTORNEY AND FILING FEES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,500.00</u> |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------------|---|---|---------------------|
| 3.5 | Nonpriority creditor's name and mailing address <u>KETER INVESTMENT LLC</u> <u>400-A LAKE STREET</u> <u>RAMSEY</u> <u>NJ</u> <u>07446</u> Date or dates debt was incurred <u>2016 to april 2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$9,958.00</u> |
| 3.6 | Nonpriority creditor's name and mailing address <u>LABORATORIO TOLEDO</u> <u>CALLE PALMA #51 SUITE 101</u> <u>ARECIBO</u> <u>PR</u> <u>00612</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$919.43</u> |
| 3.7 | Nonpriority creditor's name and mailing address <u>LIZAIDA HERNANDEZ LUCENA</u> <u>PO BOX 1965</u> <u>BOQUERON</u> <u>PR</u> <u>00622</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>COLLECTION COMPLAINT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$293,665.28</u> |
| 3.8 | Nonpriority creditor's name and mailing address <u>MCS LIFE INSURANCE COMPANY</u> <u>PO BOX 9023547</u> <u>SAN JUAN</u> <u>PR</u> <u>00902-3547</u> Date or dates debt was incurred <u>2015 & 2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>COLLECTION COMPLAINT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$576,703.63</u> |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|--|-------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>MEDICAL TECHNOLOGIES PR INC.</u> <u>1741 CALLE SIERVAS DE MARIA</u> <u>PONCE</u> <u>PR</u> <u>00730</u> Date or dates debt was incurred <u>2016 to April 2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOAN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,050.00</u> |
|--|--|-------------------|

| | | |
|--|---|-----------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>TRIPLE-S SALUD</u> <u>PO BOX 363628</u> <u>SAN JUAN</u> <u>PR</u> <u>00936-3628</u> Date or dates debt was incurred <u>2015 & 2016</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>MEDICAL PLAN AUDIT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,000,000.00</u> |
|--|---|-----------------------|

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | CHIEF LEGAL OFFICER MCS PO BOX 9024200 SAN JUAN PR 00902-4200 | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.2 | CRIM PO BOX 195387 SAN JUAN PR 00919-5387 | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.3 | DR. PABLO BISONO 810 CALLE SANTA CRUZ BAYAMON PR 00961 | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.4 | GLADYS NAZARIO NEGRON URB. BORINQUEN CALLE ANTONIA SAEZ Q-36 CABO ROJO PR 00623-3372 | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.5 | INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA PA 19101-7346 | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.6 | JANICK O. SANCHEZ CALLE OTOÑO 2018 URB. EXT ELIZABETH II SAN GERMAN PR 00683 | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|------|--|--|---|
| 4.7 | <u>LCDO. ISMAEL GARCIA-FELICIANO</u> <u>PO BOX 360580</u> <u>SAN JUAN</u> <u>PR</u> <u>00936-0580</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.8 | <u>LUIS LOPEZ LOPEZ</u> <u>932 AVE. HOSTOS</u> <u>EDIF. PARADISE CERAMICS</u> <u>OFFICE A-1</u> <u>MAYAGUEZ</u> <u>PR</u> <u>00680</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.9 | <u>MARANGIE LUZ LOPEZ</u> <u>CALLE UNION 1037</u> <u>ALTURAS DE MAYAGUEZ</u> <u>SAN GERMAN</u> <u>PR</u> <u>00683</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.10 | <u>NORAIN LOPEZ</u> <u>179 AVE. DUNSCOMBE</u> <u>SUITE 3</u> <u>MAYAGUEZ</u> <u>PR</u> <u>00682</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.11 | <u>PR DEPARTMENT OF LABOR</u> <u>PO BOX 195540</u> <u>SAN JUAN</u> <u>PR</u> <u>00918-5540</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.12 | <u>PR STATE DEPARTMENT</u> <u>EDIFICIO REAL INTERNDECIA</u> <u>SAN JUAN</u> <u>PR</u> <u>00901</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.13 | <u>RAMON VIÑAS BUESO, ESQ.</u> <u>SUITE 1503</u> <u>1225 AVE. PONCE DE LEON</u> <u>SAN JUAN</u> <u>PR</u> <u>00907-3984</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|------|--|--|---|
| 4.14 | <u>REBECCA PSALIDAS RODRIGUEZ</u> <u>CARR KM 7.4</u> _____ <u>BOQUERON</u> <u>PR</u> <u>00622</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.15 | <u>RICARDO MARROYO DEL RIO</u> <u>7006 CALLE ANDREA</u> <u>URB. ALTURA DE JOYUDA</u> _____ <u>CABO ROJO</u> <u>PR</u> <u>00623</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.16 | <u>STATE INSURANCE FUND</u> <u>PO BOX 365028</u> _____ <u>SAN JUAN</u> <u>PR</u> <u>00936-5028</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |
| 4.17 | <u>TREASURY DEPARTMENT OF PUERTO RICO</u> <u>PO BOX 9022501</u> _____ <u>SAN JUAN</u> <u>PR</u> <u>00902-2501</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | ____ _ |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____

Part 4: **Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$9,135.71

5b. Total claims from Part 2 5b. + \$4,154,546.34

5c. Total of Parts 1 and 2 5c. \$4,163,682.05
Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|------------|---|--|--|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | COMMERCIAL LANDLORD Contract to be REJECTED Contract is in DEFAULT | HECTOR HERNANDEZ TORRES PO BOX 518 _____ _____ _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | BOQUERON PR 00622 |

Fill in this information to identify the case:

Debtor name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

Fill in this information to identify the case:

Debtor Name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B.....

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$295,795.96

1c. Total of all property

Copy line 92 from Schedule A/B.....

\$295,795.96

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$9,135.71

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$4,154,546.34

4. Total liabilities

Lines 2 + 3a + 3b.....

\$4,163,682.05

Fill in this information to identify the case and this filing:

Debtor Name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number _____
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration STATEMENT OF FINANCIAL AFFAIRS

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/26/2017
MM / DD / YYYY

X /s/ JASON D. NASH
Signature of individual signing on behalf of debtor

JASON D. NASH
Printed name
PRESIDENT
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name LABORATORIO CLINICO LAS ARENAS, INC.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/02/2017 to Filing date
MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$2,541.04

For prior year:

From 01/02/2016 to 01/01/2017
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$1,282,689.00

For the year before that:

From 01/02/2015 to 01/01/2016
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$1,897,476.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

| | Case title | Nature of case | Court or agency's name and address | Status of case |
|------|--|---|---|---|
| 7.1. | LIZAIDA HERNANDEZ VS MEDICAL ET ALS | COMPLAINT FILED. CASE CONSOLIDATED WITH CASE: MCS V LABORATORIO CLINICO LAS ARENAS. | MAYAGUEZ SUPERIOR COURT Name _____ Street _____ City _____ State _____ ZIP Code _____ | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| | Case number ISCI-2016-01213 | | | |
| 7.2. | MCS V LABORATORIO CLINICO LAS ARENAS | CHECK \$88,154.22 DEPOSITED IN MAYAGUEZ SUPERIOR COURT ON APRIL 25, 2017 IN COMPLIANCE WITH COURT ORDER. | MAYAGUEZ SUPERIOR COURT Name _____ Street _____ City _____ State _____ ZIP Code _____ | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| | Case number ISCI 2017-00112 | | | |
| 7.3. | TRIPLE-S, SALUD INC. V LABORATORIO CLINICO LAS ARENAS | BREACH OF CONTRACT AND COLLECTION OF MONIES. | MAYAGUEZ SUPERIOR COURT Name _____ Street _____ City _____ State _____ ZIP Code _____ | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| | Case number ISCI-2017-198 | | | |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____
Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| | Who was paid or who received the transfer? | If not money, describe the property transferred | Dates | Total amount or value |
|-------|--|---|-----------------------|-----------------------|
| 11.1. | <u>MARIA MERCEDES FIGUEROA Y MORGAD</u> | | <u>MARCH 29, 2017</u> | <u>\$4,165.00</u> |
| | Address | | | |
| | Street | | | |
| | City State ZIP Code | | | |
| | Email or website address | | | |
| | Who made the payment, if not debtor? | | | |
| | <u>KETER INVESTMENT LLC</u> | | | |
| 11.2. | <u>MARIA MERCEDES FIGUEROA Y MORGAD</u> | | <u>MARCH 29, 2017</u> | <u>\$335.00</u> |
| | Address | | | |
| | Street | | | |
| | City State ZIP Code | | | |
| | Email or website address | | | |
| | Who made the payment, if not debtor? | | | |
| | <u>KETER INVESTMENT LLC</u> | | | |

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____
Name

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

| Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|--|--|------------------------|-----------------------|
| 13.1. <u>CLERK SUPERIOR COURT MAYAGUEZ</u> | <u>DEBTOR FUNDS FROM SALES TRANSACTION</u> | <u>04/25/2017</u> | <u>\$88,154.22</u> |
| Address | | | |
| <u>Street</u> | | | |
| <u>City State ZIP Code</u> | | | |
| Relationship to debtor | | | |
| <u>NONE</u> | | | |

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained _____

Does the debtor have a privacy policy about that information?

☐ No.

☐ Yes.

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____
Name

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- **Environmental law** means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- **Site** means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- **Hazardous material** means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

| | Business name and address | Describe the nature of the business | Employer Identification number |
|-------|--|---|--|
| 25.1. | LABORATORIO CLINICO SIGNOS Name Street BAYAMON PR City State ZIP Code | LAS ARENAS SIGNED LEASE CONTRACT WITH THE INTENT TO PURCHASE SIGNOS, BUT THE TRANSACTION WAS NOT EXECUTED. | Do not include Social Security number or ITIN. EIN: _____ Dates business existed From JUNE 2016 To DEC 2016 |

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

| | Name and address | Dates of service |
|--------|---|--|
| 26a.1. | VANJIE DESCARTES Name 472 AVE. TITO CASTRO Street SUITE 102 PONCE PR 00716-4702 City State ZIP Code | From FEB 2016 To PRESENT |

| | | |
|--|---|---|
| Debtor | LABORATORIO CLINICO LAS ARENAS, INC. | Case number (if known) _____ |
| | Name | |
| | Name and address | Dates of service |
| 26a.2. | JASON D. NASH | From FEB 2016 To PRESENT |
| | Name | |
| | 1741 CALLE SIERVAS DE MARIA | |
| | Street | |
| | _____ | |
| | PONCE | PR 00730 |
| | City | State ZIP Code |
| 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case. | | |
| <input checked="" type="checkbox"/> None | | |
| 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. | | |
| <input type="checkbox"/> None | | |
| | Name and address | If any books of account and records are unavailable, explain why |
| 26c.1. | VANJIE DESCARTES | |
| | Name | |
| | 472 AVE. TITO CASTRO | |
| | Street | |
| | SUITE 102 | |
| | _____ | |
| | PONCE | PR 00716-4702 |
| | City | State ZIP Code |
| | Name and address | If any books of account and records are unavailable, explain why |
| 26c.2. | JASON D. NASH | |
| | Name | |
| | 1741 CALLE SIERVAS DE MARIA | |
| | Street | |
| | _____ | |
| | PONCE | PR 00730 |
| | City | State ZIP Code |
| 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. | | |
| <input type="checkbox"/> None | | |
| | Name and address | |
| 26d.1. | CPA DANIEL BARRETO | |
| | Name | |
| | PO BOX 50571 | |
| | Street | |
| | _____ | |
| | TOA BAJA | PR 00950 |
| | City | State ZIP Code |
| | Name and address | |
| 26d.2. | CPA CHISTIAN VERA | |
| | Name | |
| | PO BOX 10810 | |
| | Street | |
| | _____ | |
| | MAYAGUEZ | PR 00681-1080 |
| | City | State ZIP Code |

Debtor **LABORATORIO CLINICO LAS ARENAS, INC.** Case number (if known) _____
Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No.
☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|----------------------------|--|-------------------------------------|-----------------------|
| KETTER INVESTMENT LLC | 400 A LAKE STREET RAMSEY, NJ 07446 | SHAREHOLDER | 70% |
| CHERYL MAGNA | 400 A LAKE STREET RAMSEY, NJ 07446 | VICE PRES & SECRETARY | 0% |
| MEDICAL TECHNOLOGIES PR IN | 1741 CALLE SIERVAS DE MARIA PONCE, PR 00730 | SHAREHOLDER | 30% |
| JASON D. NASH | 1741 CALLE SIERVAS DE MARIA PONCE, PR 00730 | PRESIDENT | 0% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|------|---------|-------------------------------------|---|
|------|---------|-------------------------------------|---|

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Debtor LABORATORIO CLINICO LAS ARENAS, INC. Case number (if known) _____
Name

Part 14: Signature and Declaration

WARNING --Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/26/2017
MM / DD / YYYY

X /s/ JASON D. NASH
Signature of individual signing on behalf of the debtor

Printed name JASON D. NASH

Position or relationship to debtor PRESIDENT

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO
PONCE DIVISION

IN RE:

LABORATORIO CLINICO LAS ARENAS, INC.

Debtor(s)

§
§
§
§
§

Case No. _____

Chapter 7

**DECLARATION FOR ELECTRONIC FILING OF BANKRUPTCY
PETITION, LISTS, STATEMENTS, AND SCHEDULES**

PART I: DECLARATION OF PETITIONER:

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company seeking bankruptcy relief in this case, I hereby request relief as, or on behalf of, the debtor in accordance with the chapter of title 11, United States Code, specified in the petition to be filed electronically in this case. I have read the information provided in the petition, lists, statements, and schedules to be filed electronically in this case and I HEREBY DECLARE UNDER PENALTY OF PERJURY that the information provided therein, as well as the social security information disclosed in this document, is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within five (5) business days after the petition, lists, statements, and schedules have been filed electronically. I understand that a failure to file the signed original of this Declaration will result in the dismissal of my case.

☐ *[Only include for Chapter 7 individual petitioners whose debts are primarily consumer debts] --*

I am an individual whose debts are primarily consumer debts and who has chosen to file under chapter 7. I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each chapter, and choose to proceed under chapter 7.

☒ *[Only include if petitioner is a corporation, partnership or limited liability company] --*

I hereby further declare under penalty of perjury that I have been authorized to file the petition, lists, statements, and schedules on behalf of the debtor in this case.

Date: 5/26/2017

/s/ JASON D. NASH
JASON D. NASH
PRESIDENT
Complete EIN: 66-0770161

PART II: DECLARATION OF ATTORNEY:

I declare UNDER PENALTY OF PERJURY that: (1) I will give the debtor(s) a copy of all documents referenced by Part I herein which are filed with the United States Bankruptcy Court; and (2) I have informed the debtor(s), if an individual with primarily consumer debts, that he or she may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Date: 5/26/2017

/s/ MARIA MERCEDES FIGUEROA Y MORGADE
MARIA MERCEDES FIGUEROA Y MORGADE, Attorney for Debtor

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO
PONCE DIVISION**

IN RE: **LABORATORIO CLINICO LAS ARENAS, INC.**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/26/2017

Signature /s/ JASON D. NASH
JASON D. NASH
PRESIDENT

Date _____

Signature _____

/s/ MARIA MERCEDES FIGUEROA Y MORGADE
MARIA MERCEDES FIGUEROA Y MORGADE
207108
MARIA MERCEDES FIGUEROA Y MORGADE
3415 ALEJANDRINO AVE.
APT. 703
GUAYNABO, PUERTO RICO 00969
(787) 234-3981

Debtor(s): LABORATORIO CLINICO LAS ARENAS, INC.

Case No:
Chapter: 7

DISTRICT OF PUERTO RICO
PONCE DIVISION

CHIEF LEGAL OFFICER MCS
PO BOX 9024200
SAN JUAN PR 00902-4200

LABORATORIO CLINICO LAS ARENAS, IN
609 AVE. TITO CASTRO
SUITE 102 PMB 347
PONCE PR 00716-0200

NORAIN LOPEZ
179 AVE. DUNSCOMBE
SUITE 3
MAYAGUEZ PR 00682

CRIM
PO BOX 195387
SAN JUAN PR 00919-5387

LABORATORIO TOLEDO
CALLE PALMA #51 SUITE 101
ARECIBO PR 00612

PR DEPARTMENT OF LABOR
PO BOX 195540
SAN JUAN PR 00918-5540

DR. PABLO BISONO
810 CALLE SANTA CRUZ
BAYAMON PR 00961

LCDO. ISMAEL GARCIA-FELICIANO
PO BOX 360580
SAN JUAN PR 00936-0580

PR STATE DEPARTMENT
EDIFICIO REAL INTERNECIA
SAN JUAN PR 00901

GENEID
535 E CRESCENT AVE.
SUITE 100
RAMSEY NJ 07446

LIZAIDA HERNANDEZ LUCENA
PO BOX 1965
BOQUERON PR 00622

RAMON VIÑAS BUESO, ESQ.
SUITE 1503
1225 AVE. PONCE DE LEON
SAN JUAN PR 00907-3984

GLADYS NAZARIO NEGRON
URB. BORINQUEN
CALLE ANTONIA SAEZ Q-36
CABO ROJO PR 00623-3372

LUIS LOPEZ LOPEZ
932 AVE. HOSTOS
EDIF. PARADISE CERAMICS
OFFICE A-1
MAYAGUEZ PR 00680

REBECCA PSALIDAS RODRIGUEZ
CARR KM 7.4
BOQUERON PR 00622

HECTOR HERNANDEZ TORRES
PO BOX 518
BOQUERON PR 00622

MARANGIE LUZ LOPEZ
CALLE UNION 1037
ALTURAS DE MAYAGUEZ
SAN GERMAN PR 00683

RICARDO MARROYO DEL RIO
7006 CALLE ANDREA
URB. ALTURA DE JOYUDA
CABO ROJO PR 00623

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA
PA 19101-7346

MARIA MERCEDES FIGUEROA Y MORGA
3415 ALEJANDRINO AVE.
APT. 703
GUAYNABO, PUERTO RICO 00969

STATE INSURANCE FUND
PO BOX 365028
SAN JUAN PR 00936-5028

JANICK O. SANCHEZ
CALLE OTOÑO 2018
URB. EXT ELIZABETH II
SAN GERMAN PR 00683

MCS LIFE INSURANCE COMPANY
PO BOX 9023547
SAN JUAN PR 00902-3547

TREASURY DEPARTMENT OF PUERTO RI
PO BOX 9022501
SAN JUAN PR 00902-2501

JULIAN RIVERA ESPINALL, ESQ.
1647 ADAMS STREET
SUMMIT HILLS
SAN JUAN PR 00920-4510

MEDICAL TECHNOLOGIES PR INC.
1741 CALLE SIERVAS DE MARIA
PONCE PR 00730

TRIPLE-S SALUD
PO BOX 363628
SAN JUAN PR 00936-3628

KETER INVESTMENT LLC
400-A LAKE STREET
RAMSEY, NJ 07446

MUNICIPALITY OF CABO ROJO
PO BOX 1308
CABO ROJO PR 00623

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO
PONCE DIVISION**

In re **LABORATORIO CLINICO LAS ARENAS, INC.**

Case No. _____

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|--|--------------------------|
| For legal services, I have agreed to accept..... | <u>\$4,165.00</u> |
| Prior to the filing of this statement I have received..... | <u>\$4,165.00</u> |
| Balance Due..... | <u>\$0.00</u> |

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify)
KETTER INVESTMENT LLC

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Adversary proceedings and appeals.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/26/2017

Date

/s/ MARIA MERCEDES FIGUEROA Y MORGADE

MARIA MERCEDES FIGUEROA Y MORGA Bar No. 207108

MARIA MERCEDES FIGUEROA Y MORGADE

3415 ALEJANDRINO AVE.

APT. 703

GUAYNABO, PUERTO RICO 00969

Phone: (787) 234-3981

/s/ JASON D. NASH

JASON D. NASH
PRESIDENT